

Application/Control No.	Applicant(s)/Patent under Reexamination
08/951,630	VANCE ET AL.
Examiner	Art Unit
Frantzy Poinvil	3628

					IS	SUE C	LASSIF	ICATIO	N								
			ORI	GINAL		CROSS REFERENCE(S)											
CLASS SUBCLASS					CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
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	(Assistant Examiner) (Date)					F	Tom	>	Total Claims Allowed: 7								
							itzy Poinv		O. Print C	O.G. Print Fig.							
	(Le	gál I	nstru	ments Examiner) (	Date)	(P	rimary Examinei	·) (D:		15E							

	Claims renumbered in the same order as presented by applicant										☐ CPA			☐ T.D.			☐ R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1			31			61			91		-	121			151		31	181
	2	]		32			62			92			122			152		32	182
	3			33			63			93			123			153		33	183
	4			34			64			94			124			154		34	184
	5	į		35			65			95			125			155		35	185
	6			36			66			96			126			156		36	186
	7			37			67			97			127			157		37	187
	8			38			68		•	98			128			158		38	188
	9			39			_69		1	99			129			159		39	189
	10			40			70		2	100			130			160		40	190
	11			41			71		3	101			131			161		41	191
	_12			42			72		4	102			132			162		42	192
	13			43			73		5	103			133			163		43	193
	14			44			74		6	104			134			164		44	194
	15			45			75		7	105			135		_	165		45	195
	16			46			76		8	106			136		16	166		46	196
	17			47			77		9	107			137	į	17	167		47	197
	18	:		48			78		10	108			138		18	168		48	198
	19	'		49			79		11	109			139		19	169		49	199
	20			50			80		_12	110			140		20	170		50	200
	21			51			81		13	111			141		21	171		51	201
	22			52			82		14	112			142		22	172		52	202
	23			53			83		15	113			143		23	173		53	203
	24			54			84			114			144		24	174		54	204
	_25			55			85			115			145		25	175		55	205
	26			56			86			116			146		26	176		56	206
	27			57			87			117			147		27	177		57	207
	28			58			88			118			148		28	178		58	208
	29			59			89			119			149		29	179		59	209
	30			60			90			120			150		30	180		60	210



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	CLA	ss		SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)										
	705 5			705	6											
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	(Assistant Examiner) (Date)					F	Form		Total Claims Allowed: 71							
						Frar	ntzy Poinvil	06/30	O. Print C	O.G. Print Fig.						
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										☐ CPA			☐ T.D.			☐ R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
61	211			241			271			301			331			361			391
62	212			242			272			302			332			362			392
63	213			243			273			303			333			363			393
64	214			244			274			304			334			364			394
	215	,		245			275			305			335			365			395
65	216			246			276			306			336			366			396
66	217			247			277			307			337			367			397
67	218			248			278			308			338			368			398
68	219			249			279			309			339			369			399
69	220			250			280			310			340			370			400
70	221			251			281			311			341			371			401
71	222			252			282			312			342			372			402
	223			253			283			313			343			373			403
	224			254			284			314			344			374			404
	225			255			285			315			345			375			405
	226			256			286			316			346			376			406
	227			257			287			317	1		347			377			407
	228			258	Ì		288			318			348			378			408
	229			259			289			319	1		349	1		379			409
	230			260	1		290			320	1		350			380			410
	231			261	1		291	1		321			351			381			411
	232			262	1		292	]		322			352			382			412
	233			263	ĺ		293			323	1		353			383	]		413
	234	1		264	1		294	1		324	1		354			384	]		414
	235	1		265	1		295	1		325	1		355	}		385			415
	236	1		266	1		296	1	-	326	1		356	1		386			416
	237	1		267	1		297	1		327	1		357	1		387			417
	238	1		268	1		298	1		328	1		358	1		388	1		418
	239	1		269	1		299	1		329	1		359	1		389	1		419
	240	1		270	<u> </u>		300	1		330			360			390	]		420